



Complaint form

Please use this form to submit a complaint about an insurance company

We will do our best to advocate on your behalf. In the meantime, you should continue to pursue your rights under the terms of your insurance contract.

* Indicates a required field

I. Your contact information

* Name: _____
* Address: _____
* City: _____ * State: _____ * Zip: _____
* Home phone: () _____ Work phone: () _____
Cell phone: () _____ Email: _____

Policyholder information (* if different than above)

Name of policyholder: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: () _____ Work phone: () _____
Cell phone: () _____ Email: _____

2. Insurance information

* Insurance company: _____
Type of policy: ☐ Group ☐ Individual ☐ Unknown
Policy #: _____ Claim #: _____
Date of loss: ____/____/____ * Type of insurance: ☐ Annuity ☐ Business property
☐ Dental ☐ Disability ☐ Health ☐ Home/Condo/Renters ☐ Personal auto/Motorcycle/RV/Business auto
☐ Life ☐ Long Term Care ☐ Medical Supplement ☐ Warranty/Service contract ☐ Discount plan
☐ Credit life/disability ☐ Other: _____
Agent/Adjuster name: _____
Company name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone number: () _____

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File

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5. How did you hear about us?

Example: friends, family, phone book, internet, etc: _____

6. Declaration

By filling in my name and date below, I declare the information contained on this form is true and accurate.

* Name: _____ *Date: ____/____/____

7. *Release of medical information

I authorize any insurance company, health care service contractor, health maintenance organization, or Multiple Employer Welfare Arrangement that has any record of, or knowledge about, the insured named on this form, to provide that information to the Washington State Office of the Insurance Commissioner. The information shared may be copies of any records or any other information. This includes any medical records and claim files. A photographic copy of this authorization is as valid as the original.

Insured or representative signature: _____

Date: ____/____/____

Nature of representation (parent, guardian, power of attorney, etc.): _____

To read our confidentiality statement go to <http://www.insurance.wa.gov/complaints-and-fraud/complaint-confidentiality-statement/>

8. Submit documents

Once you have completed this form, please mail or fax it and all (if any) supporting documents to:

Washington State Office of the Insurance Commissioner

P.O. Box 40256

Olympia, WA 98504-0256

Phone: 1-800-562-6900 or (360) 725-7080 Fax: (360) 586-2018

Questions?

Call our Insurance Consumer Hotline at

1-800-562-6900



What you need to know before you file a complaint

Claims delayed or denied? Policies cancelled? Stumped by confusing policy language? If you're not sure if we can help you, it is always a good idea to call us. We answer hundreds of insurance questions every day. When needed, we also contact companies about complaints. We'll review your issues, and if we can't help you, we'll point you in the right direction for further assistance. Call our toll-free Insurance Consumer Hotline at **800-562-6900**.

What we can do:

- Forward a copy of your complaint to the insurance company and require the company to provide a response/explanation for their action(s).
- Review the company's response for compliance with applicable Washington state insurance law and policy requirements.
- Look at what caused your problem and collect data, which helps find patterns of problems that may be used to evaluate the general conduct of an insurer in the market place.
- Serve as an advocate to try to help resolve your insurance concerns.
- Try to reopen the lines of communication between you and the company with the hope your problem can be resolved.
- Request the company take corrective action if we determine that the company's position does not comply with Washington State insurance law.
- Help you understand your insurance policy and your rights.
- Recommend courses of action or procedures you can take to resolve your problem if we don't have the legal right to resolve it ourselves.

What we can't do:

- Act as your lawyer or give you legal advice.
- Make medical judgments or determine if further treatment is necessary.
- Make liability decisions or determine who is at fault.
- Establish the facts surrounding a claim (such as who is being truthful when there are differing accounts of what happened).
- Determine the value of a claim or the amount owed to you.
- Act as your adjuster.
- Address issues we don't have the legal right or authority within our agency to enforce.
- Order a company to pay a claim, refund a premium or reinstate or issue a policy. In some cases we can encourage a company to reconsider their position, especially if they've made an error.

See our web page on *Other places to go for help* at: <http://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/insurance-company/other-places-for-help/index.html>